



OVERVIEW OF MEDCOM MOBILIZATION MISSIONS



OBJECTIVE

**DEVELOP A BASELINE UNDERSTANDING
OF THE MOBILIZATION MISSIONS OF THE
U.S. ARMY MEDICAL COMMAND TO
FACILITATE ALTERNATE SOURCING OF
SELECTED MISSIONS**



MEDCOM WARTIME MISSIONS -

- **Provide Trained Fillers to Deployers**

- **Installation and Deployment Support**
 - **Clinic & Inpatient Support**
 - **SRP / Demobilization**
 - **Blood & Food Inspection**

- **Expansion of Inpatient Capabilities**

- **Continuation of Beneficiary Care**

Let's consider each in detail . . .



➤ **Provide Trained Fillers to Deployers**

PROFESSIONAL FILLER SYSTEM = PROFIS

PROFIS:

A requirement for a specific Area of Concentration (AOC) in a deploying unit. These pre-designated personnel are typically slated to fill a vacant Medical Officer or Nurse position in both medical and non-medical MTOE units prior to deployment to a theater.

CARETAKER/MULTICOMPO PROFIS:

A requirement for the complete fill, officer and enlisted, of all positions in a MTOE (deploying) hospital, less the existing cadre. This constitutes a much larger PROFIS pull from the MTFs.



➤ Installation and Deployment Support

Direct Soldier Support Areas

- Medical and Dental Clinic Support

- Provisions for Inpatient Support

- Soldier Readiness Processing

Other Deployment Support Areas

- Demobilization Processing
- Increased Blood Quotas
- Expanded Food Inspection



Power Projection and Power Support Platforms

PPP - PSP
16 +

 = No Inpatient Capability

 = Semi-Active (USARC)

 = State Operated

Cp Atterbury, IN	Ft.
Benning, GA	
Ft. Bliss, TX	Ft. Bragg, NC
Ft. Buchanan, PR	Ft.
Campbell, KY	
Ft. Carson, Co	Ft. Dix, NJ
Ft. Drum, NY	Ft. Eustis, VA
Ft. Hood, TX	Ft.
Lewis, WA	
Ft. McCoy	Ft. Polk, LA
Ft. Riley, KS	Ft. Stewart,
GA	
Ft Sill, OK	Ft Knox, KY

1. These installations have a small support staff compared to active Army installations.

2. Medical and Dental facilities are limited, if available at all.

3. Special planning will be needed to provide medical and dental support to RC units reporting during a contingency, i.e. medical and dental

emergencies, evacuation, inpatient support, SRP, Demobilization activities, definitive dental treatment in support of



Direct Soldier Support Areas

- **Medical and Dental Clinic Support**
- **Provisions for Inpatient Support**

- ❖ These are implied missions that pertain to the possible need for expanded medical and dental clinic support associated with increased RC unit populations being present at Power Projection/Power Support Platforms (PPP/PSP).
- ❖ The increase in population also will generate an increase in inpatient bed requirement due to the increase in the Disease Non-Battle Injury rate (DNBI) and training accidents.
- ❖ Medical planners must maintain a good “handle” on the changing installation populations during the peak deployment phases at their installations and plan to meet the medical and dental needs of the beneficiary population via a combination of the medical capability of on post military staff and facilities, contracted services, and through local civilian medical community, depending on the



Direct Soldier Support Areas

- **Soldier Readiness Processing**
- **Demobilization Processing**

❖ **These missions directly support the deployment of all COMPOs**

and the demobilization of the COMPO 2 and 3 and redeployment of COMPO 1.

❖ **While the overall responsibility for Soldier Readiness Processing**

is with the installation, the Medical and Dental aspects are the

responsibility of the supporting MTF/DTF having Health/Dental

Service Area (HSA/DSA) responsibility via the Director of Health/Dental Services (DHS/DDS).

❖ **The provision of follow-on medical and dental care for those demobilizing soldiers, having a service connected medical/ dental problem, is of the utmost importance and**



➤ **Expansion of Inpatient Capabilities**

Expansion within Primary Receiving Centers

- **Brooke AMC**
- **Eisenhower AMC**
- **Madigan AMC**
- **William Beaumont AMC**
- **Walter Reed AMC**

Expansion within Selected CONUS MTF

- **Benning**
- **Bragg**
- **Campbell**
- **Hood**
- **Stewart**



Expansion of Inpatient Capabilities

Additional Factors:

- 1. Expansion is at Power Projection Sites where Corps or Divisions are in garrison (where families reside)**
- 2. Primary Receiving Centers must be able to support the medical needs of a wide variety of returning casualties**
- 3. DoD Primary Backup**





Return to Baseline Capability

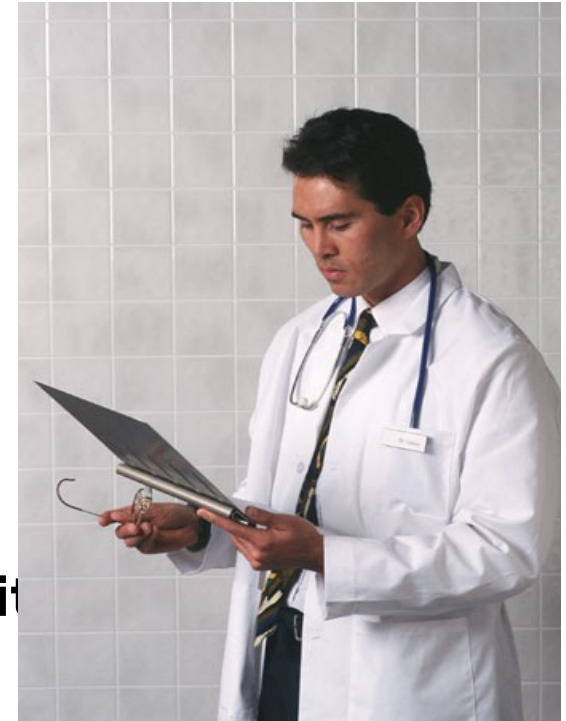
BACKFILL REQUIREMENTS FOR -

Loss of Caretaker PROFIS

Loss of PROFIS & FORSCOM Nurses

Loss of local MTOE working in MTF

Existing deployed PROFIS in MTOE unit performing missions throughout the world





Continuation of Beneficiary Care

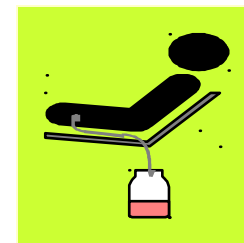
An AMOPES Requirement . . .

Health care to eligible beneficiaries will not be restricted until it becomes apparent that due to lack of space and staffing, care of active duty personnel is being compromised.



Other Deployment Support Areas

- Increased Blood Quotas



Blood Donor Center Expansion and Support to the two Armed Services Whole Blood Processing Laboratories

- ❖ Support is planned for Army Blood Donor Centers that have increased quotas to fulfill the Army's share of the overall DoD requirement
- ❖ Additional support is also provided to the two CONUS Armed Services Whole Blood Processing Laboratories (ASWBPLs)



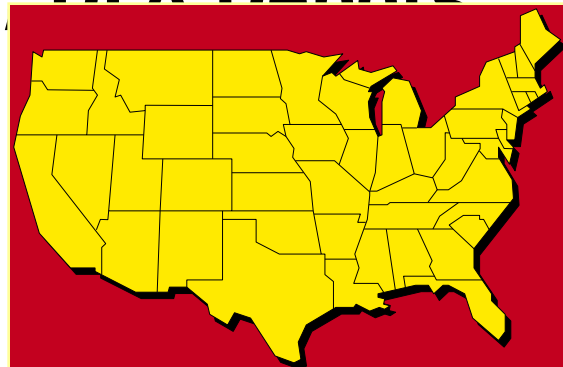
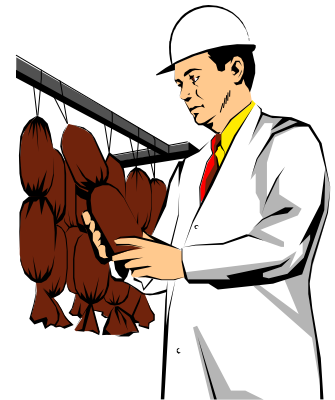
Other Deployment Support Areas

- Expanded Food Inspection

Veterinary Area Food Inspection

Army is Executive Agent for Providing

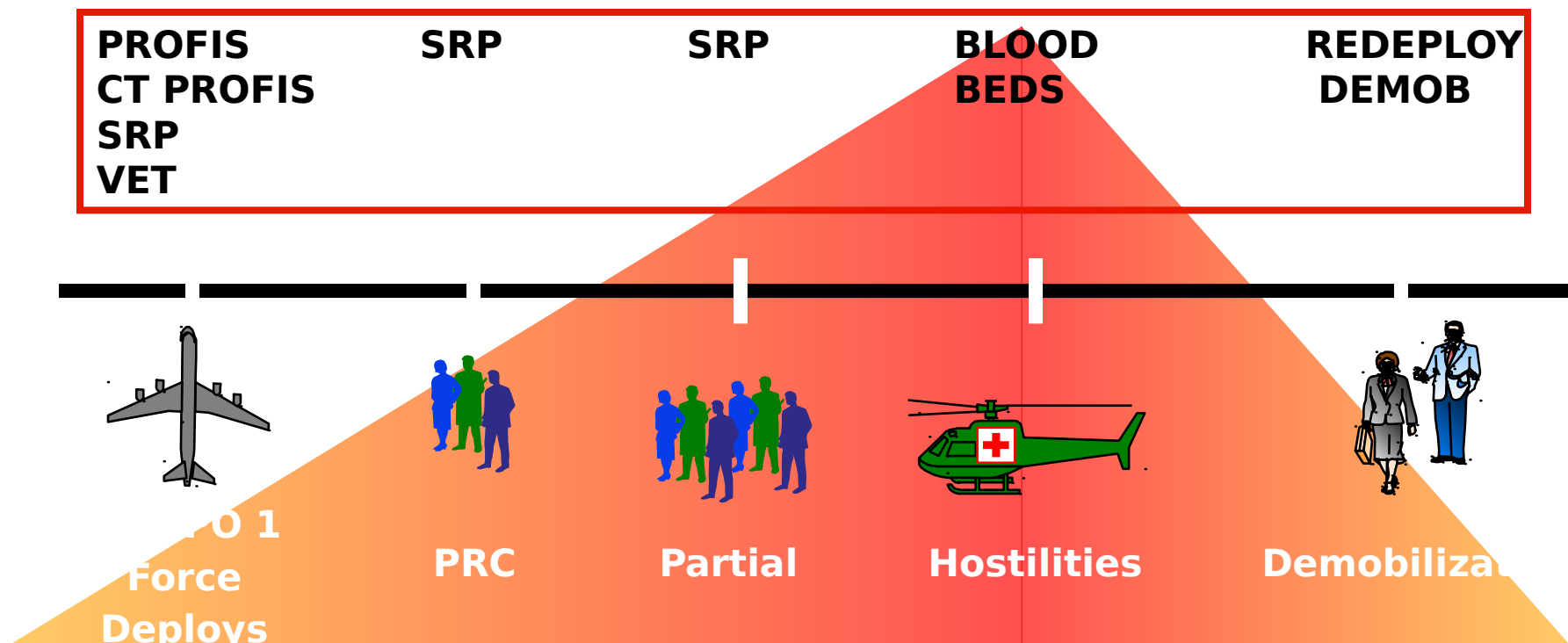
Total DoD wide Veterinary Support for Operational Rations, DIA Depots and Supply Points





A Possible Mobilization Timeline

Potential Mission Requirements



The actual mission requirements associated with deployment will reach “peaks & valleys” along the time line, however if the levels of mobilization are “stepped-up” it would be reasonable to expect overlapping



Review of main points

During our discussion we have considered the possible missions facing the MTF commander:

- a. provide PROFIS fillers**
- b. medical/dental SRP/demobilization/
redeployment support**
- c. provide clinic & inpatient support
during deployment**
- d. increased blood quotas**
- e. increased food inspection**
- f. inpatient expansion for soldiers
returning from the theater.**